

Fortville Waterworks  
Utility Service Agreement

Account Name(s) \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_  
of Service Address \_\_\_\_\_

Prior Address \_\_\_\_\_

Social Security Number  
or Federal ID

Driver License Number  
& State

Employer Name, Address  
& Phone Number

Name, Address & Phone \_\_\_\_\_  
 Number of Person to \_\_\_\_\_  
 Contact in Case of Emergency \_\_\_\_\_

Name of Landlord or  
Apartment Complex

Address of Landlord \_\_\_\_\_

Type of Service Desired:    Water \_\_\_\_\_    Sewer \_\_\_\_\_

Date of Service Desired: \_\_\_\_\_

The Town of Fortville has provided me with a copy of the Collection Policies pertaining to my requested Utility service. I have read, understand and agree to adhere to such policies.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_